



South Florida Water Management District Alternative Method Calibration Report Form



Online reporting is available at www.sfwmd.gov/ePermitting

PERMIT INFORMATION

WATER USE PERMIT NUMBER: _____ PERMITTEE NAME: _____

PROJECT NAME: _____ COMPLIANCE CONTACT: _____

WELL/PUMP/STATION INFORMATION

DISTRICT ID: _____ NAME: _____

TIME CRITERIA – SELECT ONE

- ☐ ELECTRIC CONSUMPTION – show calculations for converting kWh to hours run.

- ☐ PUMP HOUR METHOD – no supporting information required.

- ☐ LOG BOOK – no supporting information required.

FLOW RATE CHECK – SELECT ONE

- ☐ PUMP CURVE – describe how you determined flow rate and provide a copy of the pump curve.

- ☐ CARPENTER SQUARE – describe how you determined flow rate and provide calculations.

- ☐ SPRINKLER APPLICATION RATE – describe how you determined flow rate and provide calculations.

- ☐ BUCKET METHOD – describe how you determined flow rate and provide calculations.

- ☐ STRAP-ON or INSERTION TURBINE METER – provide the following:

METER MANUFACTURER: _____ SERIAL # ON TEST METER: _____

DATE OF LAST CALIBRATION: _____

☐ OTHER – describe how you determined flow rate.

CALCULATED FLOW RATE

FLOW RATE (gpm): _____

DATE OF TEST: _____

TESTER INFORMATION

NAME OF PERSON PERFORMING TEST: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

I certify that to the best of my knowledge and belief that all of the information on this form is correct. I understand that any permit issued shall be subject to review and modification, enforcement action, or revocation, in whole or in part, for any material false statement in an application to continue, initiate, or modify a use, or for any material false statement in any report or statement of fact required of the permittee [Section 373.243(1), Florida Statutes].

For assistance, please contact: wucompliance@sfwmd.gov

Please mail form to:
Regulatory Support/Regulation Division
South Water Management District
P.O. Box 24680
West Palm Beach, Florida 33416-4680